



# START SMART PROGRAM 2009

## SANDY PARKS & RECREATION

### CHILD / PARENT REGISTRATION FORM

Ages: 3-5 years old



Start Smart is a great program for parents to spend time with their children and to help prepare them for future participation in youth sports. All classes are taught in a safe, noncompetitive atmosphere that will help your child build confidence and most importantly have FUN! **Parents are required to attend and participate at each class!** Registration includes t-shirt, award, and equipment usage. All classes are held at the Sandy Parks and Recreation Building (440 E. 8680 S.).

- ◇ The **Multi Sport Development Program** focuses on general skills including dribbling, throwing, catching, kicking, and batting.
- ◇ The **Soccer Program** prepares children and their parents for organized soccer without the threat of competition or the fear of getting hurt. Age appropriate soccer equipment is used to teach kicking, dribbling, trapping, throw-ins, and agility.
- ◇ The **Baseball/Softball Program** prepares children by teaching throwing, catching, batting, running, and agility.
- ◇ The **Football Program** focuses on teaching children, and their parents, skills in throwing, catching, kicking/punting, and running/agility.
- ◇ The **Basketball Program** focuses on dribbling/ball handling, passing/catching, shooting and running/agility.

Please be accurate and complete in filling out this form. Failure to do so may cause serious inconvenience or injury.

Child's Name \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
(First name) (Last Name) (Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Medical/Health Restrictions: \_\_\_\_\_

Elementary school area player resides in: \_\_\_\_\_ School Attending: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ ☐

(Evening): \_\_\_\_\_ ☐

(Cell): \_\_\_\_\_ ☐

Please check  
**ONE** box for  
preferred phone  
number.

Phone (Day): \_\_\_\_\_ ☐

(Evening): \_\_\_\_\_ ☐

(Cell): \_\_\_\_\_ ☐

Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

START SMART PROGRAM	DATES	DAY	TIME	COST
START SMART MULTI SPORT				
START SMART SOCCER				
START SMART BASEBALL/ SOFTBALL				
START SMART FOOTBALL				
START SMART BASKETBALL				

Please read, fill out & sign the consent form on the reverse side

**TOTAL**

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

**SANDY CITY PARKS AND RECREATION**  
**Start Smart Program**  
**Informed Consent and Authorization**

The undersigned, as the parent or guardian of \_\_\_\_\_, agrees to allow my child to participate in the program/ activity described below.

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**Program / Activity Description**

The Sandy Parks and Recreation Start Smart Program for 2009 utilizes Sandy City facilities. Classes are held on weekdays and week nights . Participation in the program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/ activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

\_\_\_\_Please initial here

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**Emergency Medical Care Authorization**

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./ paramedic/ physician, such treatment is necessary.

Name of Child \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy / Id. No.: \_\_\_\_\_

*(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)*

**Medical Restrictions on Player's Participation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_Please initial here

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**Media Release**

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

\_\_\_\_Please initial here

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I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

**Name of Parent**  
**or Legal Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

(Please print)

~Please fill out and sign registration form on reverse side~